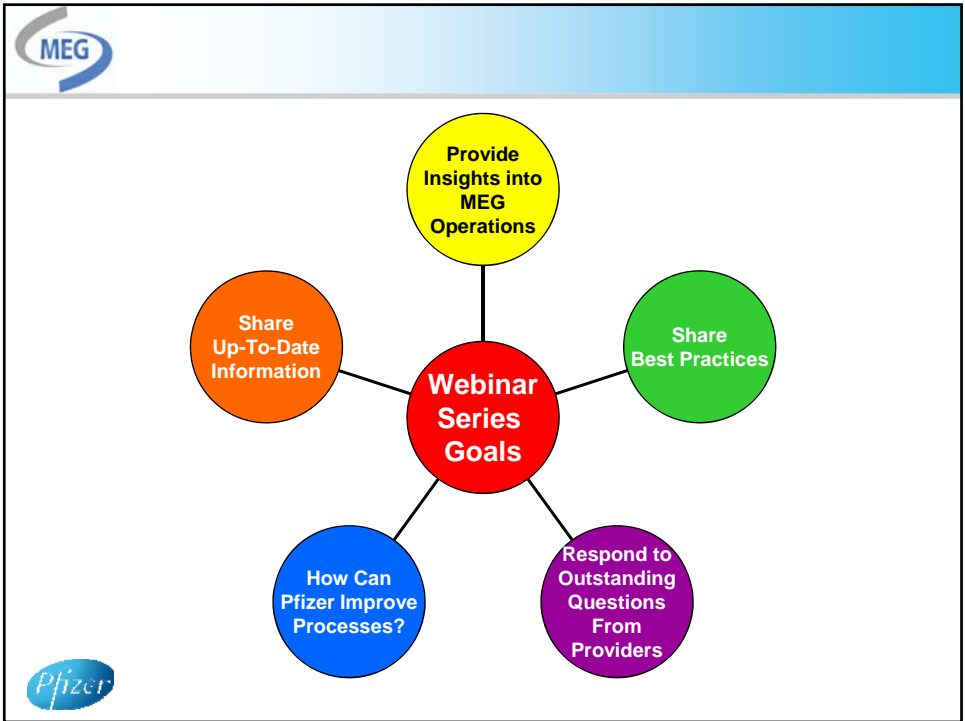



MEG Medical Education Group

First Fridays Webinar Series:
Medical Education Group (MEG)

Patient-Level Data

February 4, 2011





Agenda: Patient-Level Data

- Welcome and Review of MEG Operations
- Planning is Everything in the Collection of Patient-Level Data – Sean Hayes, PsyD, Vice President, AXDEV Group, Inc. and Suzanne Murray President & Founder AXDEV Group, Inc.
- Q and A
- Closing Remarks



The Pfizer Grants Portal

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Responsibility

- Global Health Programs
- Community Programs
- Grants & Contributions
 - Transparency in Grants
 - Lobbying & Political Contributions
 - Medical Education Grants
 - Resource Center
 - Grants

Medical Education Grants

Grants for Health Care Quality Improvement & Education
We're supporting you as you support patient care. Pfizer offers support for your independently-run health care quality improvement initiatives through online resources and medical education grants. [View full resource statement >](#)

Resource Center
Publications, articles, needs assessments, clinical areas of interest, first Friday webinars and more education literature
[Learn more about healthcare improvement >](#)

Medical Education Grants Process
Who is eligible, criteria and how to apply
[Learn about the grants process >](#)

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Your Grant Application
Apply for a new grant, register for eligibility or view the status of your existing applications.
[Go to the Grant System](#)

Latest Update

- First Friday Webinar information posted
- The 2011 areas of interest for grants in support of healthcare quality improvement and Continuing Professional Development have been posted. Please refer to the Clinical Areas tab located in the Resource Center for details.
- Please follow this link to complete a short survey the Pfizer Medical Education Group (MEG) is conducting as part of a continuous

Pfizer

MEG Inside the Resource Center

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Responsibility

- Global Health Programs
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- Grants & Contributions**
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 - Medical Education Grants
 - Resource Center**
 - Grants Process
 - Medical E.

Resource Center

Pfizer is pleased to offer these pages as a resource to organizations engaged in providing continuing professional development to health care providers.

Archived Webinars

Mouse-over goal statements

Clinical Areas
Educational Needs Assessments
First Friday Webinars
Publications
Training Resources

Clinical Areas of Interest

Pfizer is currently accepting grant applications for independent education in the following areas:

Cardiology

- > **Cardiovascular Risk**
- > Thrombosis

Genetic Metabolic Disorders

- > Phenolic Metabolic Disorders

Goal Statement:

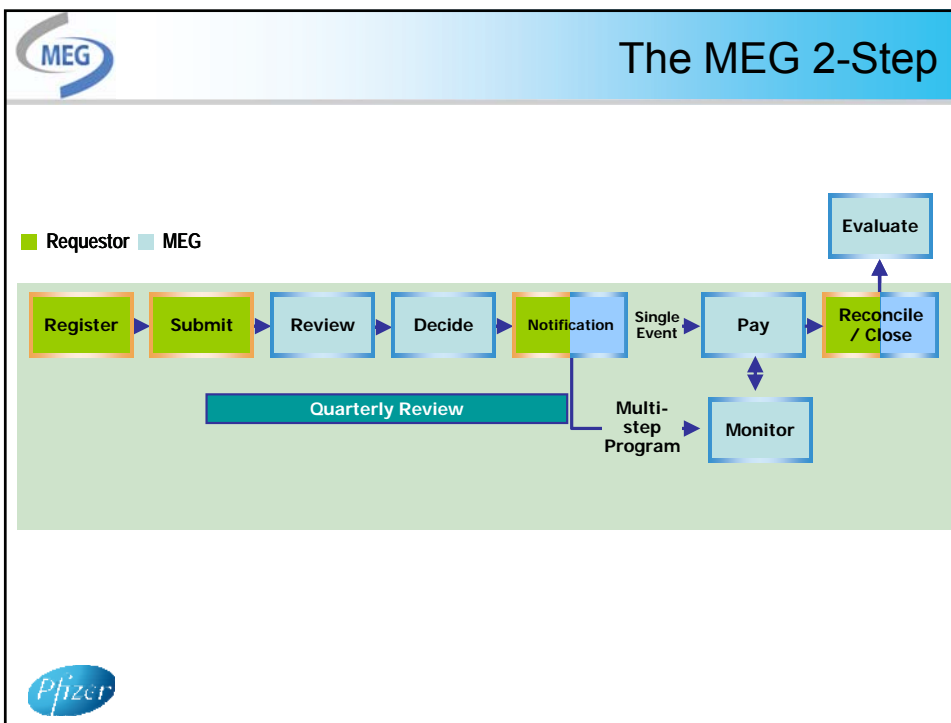
Increase the number and proportion of high risk patients (such as those with coronary heart disease, diabetes or chronic kidney disease) who receive evidence-based treatment from healthcare providers for their cardiovascular risk factors including hyperlipidemia, smoking cessation, hypertension, and obesity.

View entire document which includes additional information.

Text Size: A A A

Your Grant Application

Apply for a new grant, register for eligibility or view the status of your existing applications.





Quarterly Review Schedule 2011

Application Period	Date Decision To Be Communicated By	Signed LOA Deadline	Start Date of Program/Activity
Sept 1, 2010 – Oct 15, 2010	Dec 5, 2010	Minimum of 2 weeks before start date or the decision will reverse to denied	Jan 1, 2011 or later
Dec 1, 2010 – Jan 15, 2011	Mar 4, 2011		April 1, 2011 or later
Mar 1, 2011 – April 15, 2011	June 3, 2011		July 1, 2011 or later
June 1, 2011 – July 15, 2011	Sept 2, 2011		Oct 1, 2011 or later
Sept 1, 2011 – Oct 15, 2011	Dec 2, 2011		Jan 1, 2012 or later



It's All About the Patient

P	Patients are in the forefront of our operation
A	Addressing performance improvement
T	Totally-engaged learners
I	Interdisciplinary care for a holistic approach
E	Education is an intermediate step to improved patient care
N	Needs assessment
T	Tools to get there



Planning is Everything in the Collection of Patient-Level Data

**Presenters: Suzanne Murray
Sean Hayes**

February 4th, 2011

Agenda

Objectives	5 minutes
Context for patient-level data	5 minutes
Patient-level data in the educational cycle	5 minutes
Planning of patient-level data collection <ul style="list-style-type: none">• Linking the impact to the education• What is done and what could be done	10 minutes
Potential obstacles for patient-level data	5 minutes
Q & A	10 minutes



Objectives

At the end of this presentation, participants should recognize:

1. The importance of planning for patient-level assessment
2. The value of patient-level data in assessing health care providers' competence and performance
3. The broad variety of patient-level data sources available
4. Different ways of collecting patient-level data while respecting patients' privacy, confidentiality and anonymity



Disclosure

Suzanne Murray
President & Founder
AXDEV Group International

Sean Hayes, PsyD
Vice-President
AXDEV Group

The presenters do conduct patient-level research in multiple countries.



Who we are

AXDEV Group is an international Performance Improvement organization that specializes in assisting healthcare organizations and stakeholders improve professional competencies, interdisciplinary team practices, organizational functioning, and clinical practice efficiency.



Agenda

Objectives

Context for patient-level data

Patient-level data in the educational cycle

Planning of patient-level data collection

- Linking the impact to the education
- What is done and what could be done

Potential obstacles for patient-level data

Q & A



ACCME Criteria for Evaluation of CME

Essential Area 3: Evaluation and Improvement

- Element 2.4: Evaluate the effectiveness of its CME activities in meeting identified educational needs.
- Element 2.5: Evaluate the effectiveness of its overall CME program and make improvements to the program.

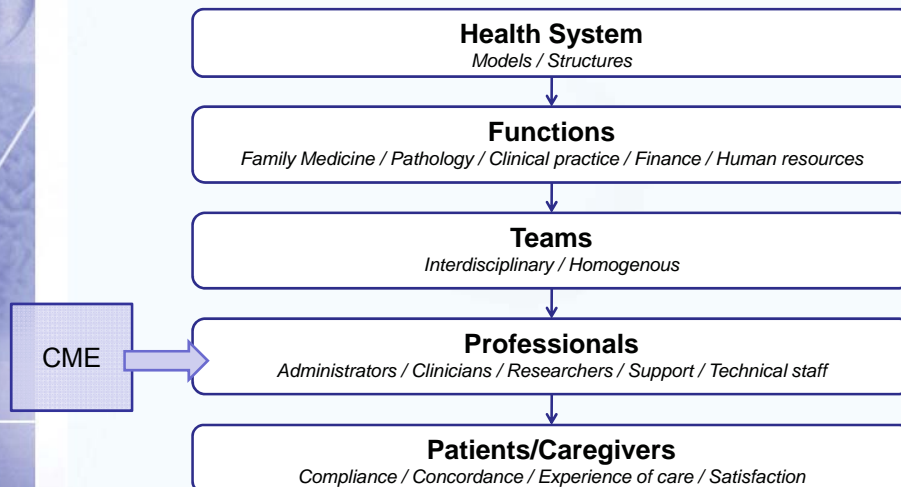
Criteria for Compliance

- C 11. The provider analyzes changes in learners (competence, performance, or **patient outcomes**) achieved as a result of the overall program's activities/educational interventions
- C 12. The provider gathers data or information and conducts a program-based analysis on the degree to which the CME mission of the provider has been met through the conduct of CME activities/educational interventions.

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Performance Improvement in What?



Agenda

Objectives

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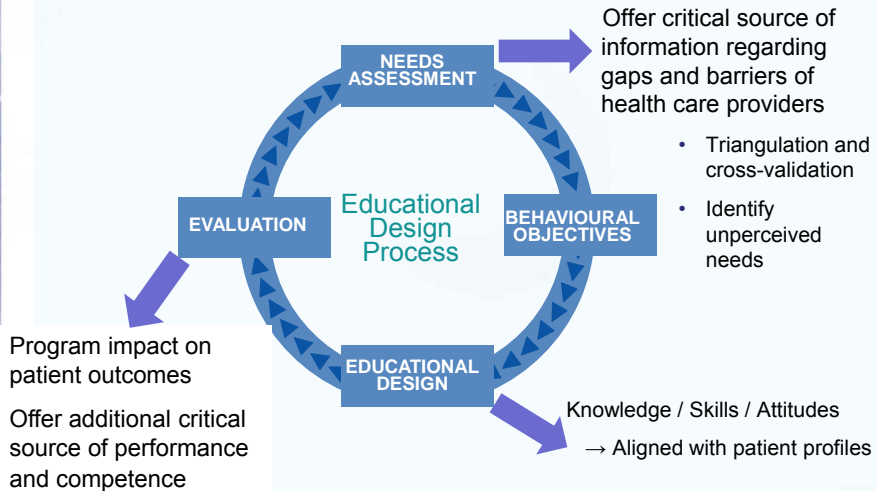
Q & A

Patient-Level Data in CME

Why do we need patient-level data?

- Patients are the ultimate benefactors of Health Education and Performance Improvement in health care
- Patients are a source of data regarding health care providers' competence and performance
- Patient-centric model: Patients are a critical part of the health care team

Patient-Level Data in the Educational Cycle



Patient-Level Data in Needs Assessment

PRIMARY CARE PHYSICIAN KNOWLEDGE, ATTITUDE, AND THE THERAPEUTIC RELATIONSHIP IN MENOPAUSE CARE: A GAP ANALYSIS

INTRODUCTION

There are 52 million women in the United States who are 50 years or older.

Over 100 million menopausal symptoms that interfere with their physical, emotional, social and cognitive functions, which can have a negative impact on their quality of life and overall health.

Research has shown that symptoms are not always recognized and treated, and that many women do not know when to seek help or how to seek help.

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METHODS

MIXED METHOD APPROACH

Phase 1 -

Phase 2 -

Phase 3 -

Phase 4 -

Phase 5 -

Phase 6 -

Phase 7 -

Phase 8 -

Phase 9 -

Phase 10 -

Phase 11 -

Phase 12 -

Phase 13 -

Phase 14 -

Phase 15 -

Phase 16 -

Phase 17 -

Phase 18 -

Phase 19 -

Phase 20 -

Phase 21 -

Phase 22 -

Phase 23 -

Phase 24 -

Phase 25 -

>SAMPLE

- Focus Groups 8
- Key Informant Interviews 59
- Regional Locations East, West, North, South
- Sampling Representative sampling

Number of Participants

Provider Type / Patient	Focus Groups	Interviews	TOTAL
PCPs	25	33	58
AHPs	6	9	15
Specialists	4	10	14
Patients	10	7	17
TOTAL	45	59	104
• Online Survey			262

Patient-Level Data in Needs Assessment

>THERAPEUTIC RELATIONSHIP GAPS

Gaps	Causes
<ul style="list-style-type: none"> Deterioration of therapeutic relationship Lack of trust Lack of adherence 	<ul style="list-style-type: none"> Lack of information, communication, proactive care PCPs unaware of risk to trust
<ul style="list-style-type: none"> They see little reason to change practice that they interpret as effective 	<ul style="list-style-type: none"> Poor insight into level of practice Self-evaluation of own level of knowledge and skill is poor

"There was just a real inconsistency in how treatment was approached or suggested to me and a lack of, I felt, compassionate care."

Patient

"I think the doctors need to have more compassion about the wide array of symptoms that women can experience during this part of their life that have a real impact on their quality of life and that women need to be better informed so that they can talk to their doctors and demand the level of care that they need."

Patient

SHIP IN MENOPAUSE CARE: A GAP ANALYSIS

KAYLA CYRIN, PHD, AXDEV GROUP
SEAN HAYES, PSYD, AXDEV GROUP
SUZANNE MURRAY, AXDEV GROUP

PATIENT EDUCATION GAPS

Gap	Cause
1. Many do not have sufficient knowledge and skills to provide appropriate care that is aligned with best practice or guidelines	1. They do not consistently seek advice
2. They do not consistently seek advice	2. They do not consistently seek advice
3. They do not consistently seek advice	3. They do not consistently seek advice
4. They do not consistently seek advice	4. They do not consistently seek advice
5. They do not consistently seek advice	5. They do not consistently seek advice
6. They do not consistently seek advice	6. They do not consistently seek advice
7. They do not consistently seek advice	7. They do not consistently seek advice
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THERAPEUTIC RELATIONSHIP GAPS

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SUMMARY

- Many do not have sufficient knowledge and skills to provide appropriate care that is aligned with best practice or guidelines
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RECOMMENDATIONS

- Develop and conduct professional development opportunities to support PCPs in developing a consistent, comprehensive, evidence-based primary care of care for women with perimenopausal through menopause to post-menopause
- Develop structured, case-based education interventions that address clinical practice gaps for outcomes of care
- Develop educational interventions designed to provide needed knowledge and resources to the women in the practice
- Develop patient education materials that address the practice's clinical practice gaps
- Develop a patient-centered approach
- Develop educational interventions targeting patient practice outcomes

Presented at Alliance 2008

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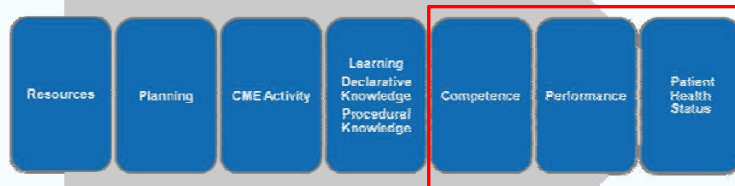
AXDEV
Mind before matter

Patient-Level Data in Evaluation

Resources Planning CME Activity Learning Declarative Knowledge Procedural Knowledge Competence Performance Patient Health Status

Don Moore, Vanderbilt University. **Planning for and Assessing the Impact of Learning Activities.** First Fridays Webinar Series: Medical Education Group (MEG), August 6th, 2010

Patient-Level Data in Evaluation



Patients are a valuable source of data regarding participants' competence and performance

Don Moore, Vanderbilt University. **Planning for and Assessing the Impact of Learning Activities.** First Fridays Webinar Series: Medical Education Group (MEG), August 6th, 2010

Agenda

Objectives

Context for patient-level data

Patient-level data in the educational cycle

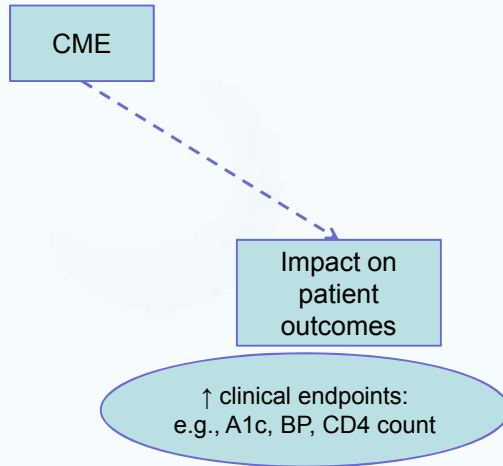
Planning of patient-level data collection

- **Linking the impact to the education**
- **What is done and what could be done**

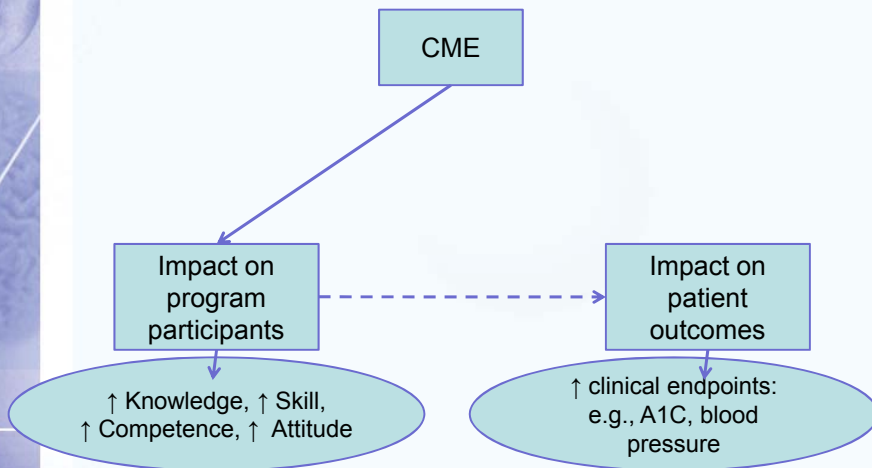
Potential obstacles for patient-level data

Q & A

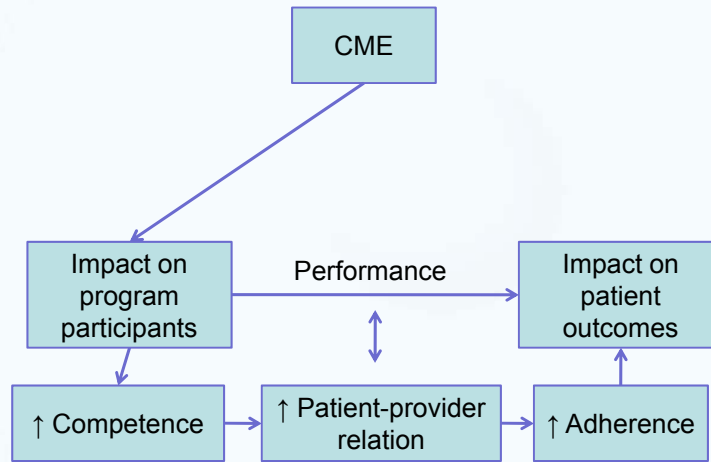
Linking Impact to Education



Linking Impact to Education



Linking Impact to Education



What is Generally Done

- Satisfaction questionnaires → *"Is a more satisfied patient a validation of receiving better care?"*
- Chart audits → *"Does (electronic) medical records reflect care being given or does it reflect care being documented?"*

(NIQIE Annual Meeting meeting, Gabrielle Gaspar, Sutter Physician Services, 2010)

What Could Be Done

- Patient Journey (experience) Mapping
 - Satisfaction questionnaires
 - Self-assessments
 - Surveys
 - Interviews
 - Focus groups
 - Observations
 - Diaries
 - Performance tests
 - Chart audits
 - Patient data registries



Patient-Level Data Collection

Areas to be evaluated	Patient data collection methods
Objective assessment (e.g. laboratory measures)	<ul style="list-style-type: none"> • Chart audits • Patient data registries
Communication	<ul style="list-style-type: none"> • Interviews • Focus groups
Concordant goal development	<ul style="list-style-type: none"> • Observations • Diaries
Subjective assessment (e.g. pain)	<ul style="list-style-type: none"> • Self-assessments • Surveys
Patient education	<ul style="list-style-type: none"> • Interviews • Focus groups • Observations

Patient-Level Data Collection

Essential questions

- Why do I need patient data?
- How will it demonstrate the impact of the program?
- What data collection method best fits?
- Do I need protected health information?
- Is the data I will be collecting individually identifiable?
- Do I need the patient's written permission (Informed Consent Form)?
- Do I need IRB approval to protect the patients' anonymity, confidentiality and privacy?

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Privacy (HIPPA)

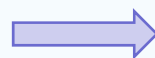
- HIPAA Privacy Rule defines **protected health information** or PHI as individually identifiable health information that is transmitted or maintained in any form or medium (electronic, oral, or paper) by a covered entity or its business associates, excluding certain educational and employment records.
- HHS Protection of Human Subjects Regulations Title 45 CFR Part 46: Private information must be **individually identifiable** in order for obtaining the information to constitute research involving human subjects. Individually identifiable means the identity of the subject is or may readily be ascertained by the investigator or associated with the information.

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Privacy (HIPPA)

- The Privacy Rule allows a covered entity to de-identify data by removing all 18 elements that could be used to identify the individual or the individual's relatives, employers, or household members
- De-identified health information, as described in the Privacy Rule, is not PHI, and thus is not protected by the Privacy Rule.
- PHI may be used and disclosed for research with an individual's written permission in the form of an Authorization



Informed Consent
Institutional Review Boards (IRB)

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Privacy (HIPPA)

1. Names
2. All geographic subdivisions smaller than a state, except under certain condition for the initial three digits of a ZIP Code
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death
4. Telephone numbers
5. Fax numbers
6. Electronic mail addresses
7. Social security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers, serial numbers, license plate numbers
13. Device identifiers/serial numbers
14. Web universal resource locators (URLs)
15. Internet protocol (IP) address numbers
16. Biometric identifiers, including fingerprints and voiceprints
17. Full-face photographic images and any comparable images.
18. Any other unique identifying number, characteristic, or code, unless otherwise permitted by the Privacy Rule for re-identification.

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Confidentiality & Anonymity

Definitions

- **Confidentiality:** (International Organization for Standardization (ISO), ISO/IEC 17799, Jan 4, 2009)
"ensuring that information is accessible only to those authorized to have access"
- **Anonymity:** (adapted from "anonymous", HIPPA glossary)
"ensuring that information is collected without identifiers, and that is never linked to an individual"
- **Informed consent** (FDA's guide to informed consent):
"a process of information exchange that may include, in addition to reading and signing the informed consent document, subject recruitment materials, verbal instructions, questions/answers sessions and measures of subject understanding"

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Key Messages

- Plan – Plan – Plan
- Identify when you need patient level data
- Identify when you do not
- Map out link between program and patient data collected
- Select appropriate collection method
- Respect of patients' privacy, confidentiality and anonymity

Q&A

Conclusion

- Patients are a valuable source of data regarding health care providers' competence and performance
- Good planning of the patient-level data collection process will :
 - Ensure data is collected respecting patients' privacy, confidentiality and anonymity
 - Guide you in selecting appropriate data collection methods
 - Ensure alignment of data and assessment objectives
 - Increase validity of findings by accessing multiple data sources

Thank you!





Until Next Time...

- Please join us for our next webinar – Block Grants
 - Guest Speakers: Bob Addleton, Ed.D. and David Pieper, PhD
 - Friday, March 4th, 2011
 - 11am ET
- Next grant window opens March 1, 2011 for activities to occur July 1, 2011 or later
- See what providers are doing to move education forward
 - PfizerMedEdGrants
 - Resource Center
 - Publications

